



**Emergency Medical Services
South Dakota Department of Public Safety
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http://dps.sd.gov/emergency_services/emergency_medical_services

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Forward

Since December of 1997, South Dakota has used regional exams for all EMT testing. Initially, this examination process was implemented to improve the quality and efficiency of the examination for the students and examiners. Thanks to the commitment and dedication of the South Dakota test team, the examination process continues to improve the quality of the emergency medical services in South Dakota. This examination process has evolved, through review and revisions, in order to provide the highest quality examination possible.

As a result, this handbook has been developed to the South Dakota Emergency Medical Services Office in efforts to continue high quality patient care in the State of South Dakota. This handbook is designed to provide each member of the South Dakota test team with information, which will be of direct assistance to you during your participation as a South Dakota test team examiner.

The South Dakota practical examination follows the criteria developed and established by the National Registry of Emergency Medical Technicians.

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Application for the Test Team

South Dakota Emergency Medical Services evaluates EMT students using the National Registry Computer Based Testing and practical exams. Your participation in evaluating the students during their practical exam is a vital part of the testing process. Our goal is to administer a fair and standardized test to all EMT students during their psychomotor exam.

In order to qualify to be a test team member, applicants must have valid state or national certification and remain up to date with current changes in EMS. Any potential new test team member must have a letter of recommendation from their current supervisor, a current test team member, or a current member of the state EMS office, and be approved by the EMS office. Before becoming a lead tester, they must be a victim/assistant several times, then work with and be observed by a current test team member. In order to ensure consistency and fairness during the practical exam process, test team members may be evaluated by SD EMS Office Staff to ensure each station is functioning in accordance to National Registry and state policy. Test team members are required to be familiar with all National Registry Skill Sheets and must have read the National Registry Psychomotor Examination Users Guide.

The test team members for the State of South Dakota are chosen for their expertise, dedication and fairness. It is an honor to be chosen as a member of such an elite group. Letters notifying you of tests will be mailed to you approximately one month before the test date. This includes a response letter that is to be returned by the indicated date. The test team will be selected according to the date on which the response letter is received in the Pierre Office. The final notification will be sent two weeks prior to the exam.

Test team members will receive a flat rate of \$110.00 (no meals, no travel, no exceptions) for full day exams and \$55.00 for evening or half-day exams. Test team members are expected to show up for the examination at the time indicated on the confirmation letter. You will need to fill out a payment slip for each test.

Station Preparation

On the day of the regional exam, all test team members will report to the test site one-half hour before testing begins for a brief orientation. Once you check-in and receive your station assignment, report to your station, check your equipment, and if necessary, moulage your victim. You should inform your victim and assistant about their roles during testing. The victim should act as a similar patient would in a field situation and the assistant should perform as a trained EMS professional. Please emphasize the importance of their consistent and professional performance throughout the examination. You must read through the instructions and brief your assistant as well as your victim prior to evaluating any candidates. If you have any questions or need more equipment please contact an Emergency Medical Specialist before testing begins.

When you have finished moulaging your victim, put the makeup and other materials back into the moulage kit carefully. It's the responsibility of the individual test team members to keep the kit as clean and organized as possible. When you are finished, return all reusable material to the kit and put them away in an organized fashion. If any materials need to be replaced, please report this to an Emergency Medical Specialist so the kit can be ready for the next exam.

Testing Procedures

This examination is a formal verification procedure. It is not designed for teaching, coaching or remedial training. You are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. The Emergency Medical Specialist may come into your room to watch the testing process. This is not to criticize, but to assure continuity of testing.

You must not discuss any specific performance with anyone but an Emergency Medical Specialist at the test site. If you are unsure of scoring a particular performance, notify an Emergency Medical Specialist. At any time during the final scoring of the students, the Emergency Medical Specialist has the right to override and make a final decision as to the outcome of the student's pass or fail due to certain circumstances regarding the test station.

You should act in a professional manner at all times, paying particular attention to the manner in which you address candidates. You must be consistent, fair, and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related materials only. Be careful of the manner in which you address candidates. Many will interpret your remarks as some indication of their performance. You should develop a dialogue with the candidates throughout their performance and should ask questions for clarification purposes only. These questions must not be leading, but should be asked when additional clarification is required. Do not ask for information that does not relate to the evaluation criteria in your skill station. For Example, if a student states "I'd now apply high flow oxygen," your appropriate response might be "Please explain how you would do that." Do not ask questions that go beyond the scope of training for that level of student. You may have to prompt a candidate to perform some action. If the candidate states, "I'd do a quick assessment of the legs," you should ask the candidate to actually perform the assessment as they would do in the field.

Once a student reports to your examination station, greet the student, introduce yourself, and allow the student to examine the equipment. Ask if there are any questions. Remove the scoring sheet for your station, print your name on the score sheet for that station, and read the instructions to the student. Please use an ink pen and follow good medical-legal documentation practices when completing these forms.

Be sure you are in the testing room when you read aloud the instructions to the practical skill candidates exactly as printed. You may not add or change from these instructions, but you may repeat any portion as requested. The instructions must be read to each candidate in the same manner to assure consistency and fairness. Give the candidate time to inspect the equipment and if necessary, explain any specific design features. Be sure you are familiar with the equipment prior to evaluating the candidates

When the candidate begins the performance, document the time started on the evaluation form. As the candidate progresses through the station, fill out the evaluation form in the following manner.

- a. Place the point or points in the appropriate space at the time each item is completed.
- b. Only whole points may be awarded for those steps performed in the acceptable manner. You are not permitted to award fractions of a point.
- c. Place a zero in the "points Awarded" column for any step that was not completed in an acceptable fashion.

All forms should be filled out in a manner that prohibits the candidate from directly observing the points you award or comments you may write. You must be familiar with these forms. Do not become distracted by searching for specific statements on the evaluation form when you should be observing the candidate's performance. After the candidate finishes the performance, complete the evaluation form. Please remember the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate.

You must observe and enforce all time limits for the stations. When the time limit has been reached, immediately stop the candidate's performance. If the candidate is in the middle of a step when the time limit is reached, permit them to complete only that step but not start another. You should then place a zero in the points awarded column for any steps that were not completed within the allotted time. Do not add time to your station.

After all points have been awarded, calculate the total number of points received by the candidate and enter the total in the appropriate space on the form. Review all critical criteria statements printed on the evaluation form and check any that apply to the performance you just observed. Put the completed form back in the bag and lock it. The bag may then be given back to the student. You are responsible for the security of all evaluation materials throughout the day. You must return all materials to an Emergency Medical Specialist before leaving the test site. The test team member in each station will clean up the practical station room. All equipment will be returned to a central location for inventory. After all equipment is turned in, each room will be checked for cleanliness by a state employee to assure rooms are in the same condition as they were prior to the examination.

Post Test Procedures

Do not come to the scoring room and ask if you can tear down your station or to visit. Some students may need to re-test your station or you may be needed to set up another station that is running a little slower than yours did. The staff will let you know as soon as possible when to tear down your station.

Do **NOT** go visit or bother the "keeper of the cards." This is a very busy time and distractions can cause the staff to make mistakes that will make the exam last longer for everyone.

When you are advised to tear down your station, bring all of your equipment to the central location where it can be properly packed up. Check your room to be sure it is nice and neat. Take all personal items with you and throw away all items such as Kleenex, food wrappers, etc. We are proud of the reputation of the South Dakota Test Team has of leaving a building as nice as or nicer than we found it. It's very important that we treat these test sights with respect, so we can use them again in the future. Be sure you have removed the sign from your door and put all of your paperwork away in the state book or given it to state EMS personnel. The paperwork should be ready for the next test site.

Quality Assurance/Improvement

Quality assurance is the primary responsibility of the Emergency Medical Specialist. In maintaining the testing quality and integrity, the Emergency Medical Specialist may exercise, at any time, his or her authority in dismissing a test team member. The test team member may be dismissed for action that is considered by the Emergency Medical Specialist as unsatisfactory, whether it is work performance or personal actions.

Some examples of just cause for dismissing a test team member include but are not limited to:

- Conviction of a felony
- Being under the influence of a controlled drug or alcohol at a test site
- Poor attendance
- Negligence with state money or property
- Not following established testing policies or procedures
- Sexual Harassment
- Discrimination
- Negative comments about a candidate
- Use of electronic devices during testing (Cell phone, laptop, etc)

The quality improvement program being used by the Emergency Medical Services Office involves training the test team, evaluating the examination process, evaluating members during an exam, and providing feasible solutions to remedy any problems identified. Our quality improvement program provides the test team with the opportunity to be updated on any curriculum changes or changes to the skill stations. It also allows the test team the opportunity to demonstrate their competency in all practical skill stations. Quality improvement sessions may be scheduled as deemed necessary by the State.

BLS Skill Station Testing Procedures

Patient Assessment-Medical:

- **Critical criteria:**
 - Failure to initiate or call for transport of the patient within 15 minute time limit
 - Failure to take or verbalize appropriate body substance isolation precautions
 - Failure to determine scene safety before approaching patient
 - Failure to voice and ultimately provide appropriate oxygen therapy
 - Failure to assess/provide adequate ventilation
 - Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
 - Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
 - Performs secondary examination before assessing and treating threats to airway, breathing and circulation
 - Orders a dangerous or inappropriate intervention
 - Failure to provide accurate report to arriving EMS unit
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
 - All interventions are verbalized; candidate may forget what they have already done
 - Do not give vital signs unless candidate demonstrates or verbalizes vital signs & asks for them
 - Primary survey vs. secondary assessment
 - WATCH and listen to candidate carefully throughout exam

Patient Assessment-Trauma:

- **Critical criteria:**
 - Failure to initiate or call for transport of the patient within 10 minute time limit
 - Failure to take or verbalize body substance isolation precautions
 - Failure to determine scene safety
 - Failure to assess for and provide spinal protection when indicated
 - Failure to voice and ultimately provide high concentration of oxygen
 - Failure to assess/provide adequate ventilation
 - Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
 - Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
 - Performs other assessment before assessing/treating threats to airway, breathing and circulation
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention

- **Common problems:**
- All interventions are verbalized; candidate may forget what they have already done
- Primary survey vs. secondary assessment
- Do not give vital signs unless candidate demonstrates or verbalizes vital signs & asks for them
- WATCH and listen to the candidate carefully throughout the exam

Oxygen Administration By Non-Rebreather Mask:

- **Critical criteria:**
- Failure to take or verbalize appropriate body substance isolation precautions
- Failure to assemble the oxygen tank and regulator without leaks
- Failure to prefill the reservoir bag
- Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- Failure to assure a tight mask seal to patient's face
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
- Regulator attached upside down or backwards
- Did not check for leaks
- Did not ensure tight mask seal to patient's face
- Watch and listen to candidate for amount of liter flow
- Time limit for station is five (5) minutes

Bag-Valve-Mask Apneic Patient:

- **Critical Criteria:**
- After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to suction airway before ventilating the patient
- Suctions the patient for an excessive and prolonged time
- Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- Failure to check pulse for at least 5 seconds but no more than 10 seconds
- Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Insertion or use of any adjunct in a manner dangerous to the patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention Did not take, or verbalize, body substance isolation precautions
- **Common problems:**
- Does not assess responsiveness & breathing for at least 5 seconds & not more than 10

- Does not assess carotid pulse for at least 5 seconds & not more than 10 seconds
- Does not suction correctly or verbalizes incorrect suctioning procedure
- Does not ventilate patient within 30 seconds
- Does not ventilate at proper rate and volume
- Time limit for station is five (5) minutes

Cardiac Arrest Management/AED:

- **Critical Criteria:**
 - Failure to take or verbalize appropriate body substance isolation precautions
 - Failure to immediately begin chest compressions as soon as pulselessness is confirmed
 - Failure to deliver shock in a timely manner
 - Interrupts CPR for more than 10 seconds at any point
 - Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
 - Failure to operate the AED properly
 - Failure to correctly attach the AED to the patient
 - Failure to assure that all individuals are clear of patient during rhythm analysis **and** before delivering shock(s) [verbalizes “All clear” and observes]
 - Failure to immediately resume compressions after shock delivered
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
 - Students not given enough time to familiarize themselves with the equipment
 - Does not assess carotid pulse for at least 5 seconds & not more than 10 seconds
 - Does not perform correct compression depth, rate, recoil
 - Does not provide visible chest rise
 - Interruptions of more than 10 seconds
 - Candidates must verbalize and assess the clearing of the patient before delivering shock
 - Examiner’s must realize that CPR mannequins are device dependent

Spinal Immobilization-Supine:

- **Critical criteria:**
 - Did not immediately direct or take manual stabilization of the head
 - Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
 - Released or ordered release of manual stabilization before it was maintained mechanically
 - Manipulated or moved the patient excessively causing potential for spinal compromise
 - Head immobilized to the device before device sufficiently secured to the torso
 - Patient moves excessively up, down, left, or right on the device
 - Head immobilization allows for excessive movement
 - Upon completion of immobilization, head is not in a neutral, in-line position
 - Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
 - Failure to manage the patient as a competent EMT

- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
 - All correct methods of moving and strapping patient should be allowed
 - Did not have assistant take nor maintain C-spine/manual stabilization
 - Did not assess CMS before and/or after
 - Excessive movement
 - Straps too tight or too loose
 - Head not secured last

Spinal immobilization-Seated:

- **Critical criteria:**
 - Did not immediately direct or take manual stabilization of the head
 - Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
 - Released or ordered release of manual stabilization before it was maintained mechanically
 - Manipulated or moved the patient excessively causing potential spinal compromise
 - Head immobilized to the device before device sufficiently secured to the torso
 - Device moves excessively up, down, left, or right on the patient's torso
 - Head immobilization allows for excessive movement
 - Torso fixation inhibits chest rise, resulting in respiratory compromise
 - Upon completion of immobilization, head is not in a neutral, in-line position
 - Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
 - Did not have assistant immediately maintain C-spine precautions
 - Did not place a cervical collar
 - Did not assess CMS before and/or after
 - Did not secure the patient's head to the device after the device was secured to the torso
 - Secured the patient's head to the device before the torso
 - The patients head, neck and spine was not reasonably in line with the appropriate amount of padding
 - Excessive movement
 - Straps too tight or too loose
 - Did not assess CMS before and/or after

Bleeding/Shock:

- **Critical criteria:**
 - Did not take or verbalize body substance isolation precautions
 - Did not administer high concentration of oxygen

- Did not control hemorrhage using correct procedures in a timely manner
- Did not indicate the need for immediate transportation
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
 - Correct placement of tourniquet
 - Correct positioning of patient
 - If no blanket for shock management, candidate can forget prevent heat loss procedure

Long Bone Immobilization:

- **Critical criteria:**
 - Did not immediately stabilize the extremity manually
 - Grossly moves the injured extremity
 - Did not immobilize the joint above and the joint below the injury site
 - Did not immobilize the hand or foot in a position of function
 - Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common problems:**
 - Excessive movement
 - Did not immobilize above and below injury
 - Did not immobilize hand or foot in position of function
 - Did not assess CMS before and/or after

Joint Immobilization:

- **Critical Criteria:**
 - Did not immediately stabilize the extremity manually
 - Grossly moves the injured extremity
 - Did not immobilize the bone above and below the injury site
 - Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
 - Excessive movement
 - Did not immobilize above and below injury
 - Did not immobilize hand in position of function
 - Did not assess CMS before and/or after

National Registry

BLS

Skill Sheets



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____
Date: _____
Scenario #: _____

Examiner: _____
Signature: _____

	Possible Points	Points Awarded
Actual Time Started:		
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/ transport decision	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Pulse (1 point) -Respiratory rate and quality (1 point each) -Blood pressure (1 point)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	42



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

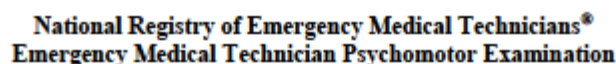
Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Scenario #: _____

NOTE: Areas denoted by *** may be integrated within sequence of Primary Survey/Resuscitation

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway		
-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing		
-Assesses breathing (1 point)		
-Assures adequate ventilation (1 point)		
-Initiates appropriate oxygen therapy (1 point)	4	
-Manages any injury which may compromise breathing/ventilation (1 point)		
Circulation		
-Checks pulse (1 point)		
-Assesses skin [either skin color, temperature or condition] (1 point)		
-Assesses for and controls major bleeding if present (1 point)	4	
-Initiates shock management [positions patient properly, conserves body heat] (1 point)		
Identifies patient priority and makes treatment/ transport decision (based on calculated GCS)	1	
HISTORY TAKING		
Attempts to obtain sample history	1	
SECONDARY ASSESSMENT		
Head		
-Inspects mouth**, nose** and assesses facial area (1 point)		
-Inspects and palpates scalp and ears (1 point)	3	
-Assesses eyes** (1 point)		
Neck**		
-Checks position of trachea (1 point)		
-Checks jugular veins (1 point)	3	
-Palpates cervical spine (1 point)		
Chest**		
-Inspects chest (1 point)		
-Palpates chest (1 point)	3	
-Auscultates chest (1 point)		
Abdomen/pelvis**		
-Inspects and palpates abdomen (1 point)		
-Assesses pelvis (1 point)	3	
-Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities**		
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities		
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks**		
-Inspects and palpates posterior thorax (1 point)		
-Inspects and palpates lumbar and buttocks areas (1 point)	2	
VITAL SIGNS		
Obtains baseline vital signs (must include BP, P, R) (1 point)	1	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassesses the patient	1	
Actual Time Ended: _____	TOTAL	42

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Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Possible Points	Points Awarded
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Actual Time Ended: TOTAL 11

- ☐ Failure to take or verbalize appropriate body substance isolation precautions
- ☐ Failure to assemble the oxygen tank and regulator without leaks
- ☐ Failure to prefill the reservoir bag
- ☐ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ☐ Failure to assure a tight mask seal to patient's face
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

[illegible]



**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started:		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	<i>NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."</i>	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
<i>NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."</i>			
Opens airway properly		1	
<i>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</i>			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
<i>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</i>			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
<i>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</i>			
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]		1	
<i>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</i>			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately -Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		2	
<i>NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</i>			
Actual Time Ended: _____	TOTAL	17	

Critical Criteria

- ___ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to suction airway **before** ventilating the patient
- ___ Suctions the patient for an excessive and prolonged time
- ___ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- ___ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
NOTE: The examiner must now inform the candidate, "The patient is unresponsive."		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)]	1	
NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."		
Checks carotid pulse [no more than 10 seconds]	1	
NOTE: The examiner must now inform the candidate, "The patient is pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).

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**National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination**

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory, and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

Critical Criteria

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential for spinal compromise
- ___ Head immobilized to the device before device sufficiently secured to the torso
- ___ Patient moves excessively up, down, left, or right on the device
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory, and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL 12	

Critical Criteria

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential spinal compromise
- ___ Head immobilized to the device before device sufficiently secured to the torso
- ___ Device moves excessively up, down, left, or right on the patient's torso
- ___ Head immobilization allows for excessive movement
- ___ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____
Date: _____

Examiner: _____
Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Applies direct pressure to the wound	1	
<i>NOTE: The examiner must now inform the candidate that the wound continues to bleed.</i>		
Applies tourniquet	1	
<i>NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</i>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL 7	

Critical Criteria

- ___ Did not take or verbalize body substance isolation precautions
- ___ Did not administer high concentration of oxygen
- ___ Did not control hemorrhage using correct procedures in a timely manner
- ___ Did not indicate the need for immediate transportation
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____
Date: _____

Examiner: _____
Signature: _____

Actual Time Started:

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	TOTAL 10	

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not immobilize the hand or foot in a position of function
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	TOTAL 9	

Critical Criteria

- ☐ Did not immediately stabilize the extremity manually
- ☐ Grossly moves the injured extremity
- ☐ Did not immobilize the bone above and below the injury site
- ☐ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

ALS Skills Testing Procedures

Patient Assessment-Medical:

- **Critical Criteria:**
 - Failure to initiate or call for transport of the patient within 15 minute time limit
 - Failure to take or verbalize body substance isolation precautions
 - Failure to determine scene safety before approaching patient
 - Failure to voice and ultimately provide appropriate oxygen therapy
 - Failure to assess/provide adequate ventilation
 - Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
 - Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
 - Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation
 - Failure to determine the patient's primary problem
 - Orders a dangerous or inappropriate intervention
 - Failure to provide for spinal protection when indicated
- **Common Problems:**
 - All interventions are verbalized; candidate may forget what they have already done
 - Do not give vital signs unless candidate demonstrates or verbalizes vital signs & asks for them
 - Primary survey vs. secondary assessment
 - WATCH and listen to candidate carefully throughout exam

Patient Assessment-Trauma:

- **Critical criteria:**
 - Failure to take or verbalize body substance isolation precautions
 - Failure to determine scene safety
 - Failure to assess for and provide spinal protection when indicated
 - Failure to voice and ultimately provide high concentration of oxygen
 - Failure to assess/provide adequate ventilation
 - Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
 - Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
 - Does other detailed history or physical exam before assessing/treating threats to airway, breathing, and circulation
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
 - All interventions are verbalized; candidate may forget what they have already done
 - Primary survey vs. secondary assessment
 - Do not give vital signs unless candidate demonstrates or verbalizes vital signs & asks for them
 - WATCH and listen to the candidate carefully throughout the exam

Ventilatory Management—Adult:

- **Critical criteria and Common Problems:**

- Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- Failure to ventilate patient at a rate of 10 – 12 / minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to pre-oxygenate patient prior to intubation and suctioning
- Failure to successfully intubate within 3 attempts
- Failure to disconnect syringe **immediately** after inflating cuff of ET tube
- Uses teeth as a fulcrum
- Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- If used, stylette extends beyond end of ET tube
- Inserts any adjunct in a manner dangerous to the patient
- Suctions patient excessively
- Does not suction the patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

Alternative Airway Device (Supraglottic Airway):

- **Critical Criteria and Common Problems:**

- Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- Failure to ventilate the patient at a rate of 10 – 12/minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- Failure to inflate cuffs properly and immediately remove the syringe
- Failure to secure the strap (if present) prior to cuff inflation
- Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium
- Insertion or use of any adjunct in a manner dangerous to the patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

PEDIATRIC (<2 yrs.) VENTILATORY MANAGEMENT:

- **Critical Criteria and Common Problems:**

- Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to pad under the torso to allow neutral head position or sniffing position
- Failure to voice and ultimately provide high oxygen concentrations [at least 85%]

- Failure to ventilate patient at a rate of 12 – 15/minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to pre-oxygenate patient prior to intubation
- Failure to successfully intubate within 3 attempts
- Uses gums as a fulcrum
- Failure to assure proper tube placement by auscultation bilaterally **and** over the epigastrium
- Inserts any adjunct in a manner dangerous to the patient
- Attempts to use any equipment not appropriate for the pediatric patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

CARDIAC ARREST MANAGEMENT / AED:

- **Critical Criteria:**
 - Failure to take or verbalize appropriate body substance isolation precautions
 - Failure to immediately begin chest compressions as soon as pulselessness is confirmed
 - Failure to deliver shock in a timely manner
 - Interrupts CPR for more than 10 seconds at any point
 - Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
 - Failure to operate the AED properly
 - Failure to correctly attach the AED to the patient
 - Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes “All clear” and observes]
 - Failure to immediately resume compressions after shock delivered
 - Failure to manage the patient as a competent EMT
 - Exhibits unacceptable affect with patient or other personnel
 - Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
 - Students not given enough time to familiarize themselves with the equipment
 - Does not assess carotid pulse for at least 5 seconds & not more than 10 seconds
 - Does not perform correct compression depth, rate, recoil
 - Does not provide visible chest rise
 - Interruptions of more than 10 seconds
 - Candidates must verbalize and assess the clearing of the patient before delivering shock
 - Examiner’s must realize that CPR mannequins are device dependent

DYNAMIC CARDIOLOGY:

- **Critical Criteria and Common Problems:**
 - Failure to deliver first shock in a timely manner
 - Failure to verify rhythm before delivering each shock
 - Failure to ensure the safety of self and others [verbalizes “All clear” and observes]
 - Inability to deliver DC shock [does not use machine properly]
 - Failure to demonstrate acceptable shock sequence
 - Failure to order initiation or resumption of CPR when appropriate
 - Failure to order correct management of airway [ET when appropriate]
 - Failure to order administration of appropriate oxygen at proper time
 - Failure to diagnose or treat 2 or more rhythms correctly

- Orders administration of an inappropriate drug or lethal dosage
- Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

STATIC CARDIOLOGY:

- **Critical Criteria and Common Problems:**
- No points for treatment may be awarded if the diagnosis is incorrect.
- Only document incorrect responses in spaces provided.

ORAL STATION:

- **Critical Criteria:**
- Failure to appropriately address any of the scenario's "Mandatory Actions"
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
- Examiners have not spent significant time reviewing the case in preparing to evaluate the candidates
- Candidate may forget what they have done when note taking is poor

INTRAVENOUS THERAPY:

- **Critical Criteria:**
- Failure to continue to take or verbalize appropriate body substance isolation precautions
- Failure to begin administration of medication within 3 minute time limit
- Contaminates equipment or site without appropriately correcting the situation
- Failure to adequately dispel air resulting in potential for air embolism
- Injects improper medication or dosage [wrong medication, incorrect amount, or pushes at inappropriate rate]
- Failure to turn-on IV after injecting medication
- Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
- IV arms may malfunction

PEDIATRIC INTRAOSSEOUS INFUSION:

- **Critical Criteria and Common Problems:**
- Failure to establish a patent and properly adjusted IO line within 6 minute time limit
- Failure to take or verbalize appropriate body substance isolation precautions prior to performing IO puncture
- Contaminates equipment or site without appropriately correcting the situation
- Performs any improper technique resulting in the potential for air embolism

- Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

PEDIATRIC RESPIRATORY COMPROMISE:

- **Critical Criteria and Common Problems:**
- Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- Failure to take or verbalize body substance isolation precautions
- Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- Failure to ventilate the patient at a rate of 20/minute
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- Failure to recognize and treat respiratory failure in a timely manner
- Insertion or use of any airway adjunct in a manner dangerous to the patient
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

SPINAL IMMOBILIZATION (SUPINE PATIENT):

- **Critical Criteria:**
- Did not immediately direct or take manual immobilization of the head
- Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- Released or ordered release of manual immobilization before it was maintained mechanically
- Manipulated or moved patient excessively causing potential spinal compromise
- Head immobilized to the device **before** device sufficiently secured to torso
- Patient moves excessively up, down, left, or right on the device
- Head immobilization allows for excessive movement
- Upon completion of immobilization, head is not in a neutral, in-line position
- Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
- All correct methods of moving and strapping patient should be allowed
- Did not have assistant take nor maintain C-spine/manual stabilization
- Did not assess CMS before and/or after
- Excessive movement
- Straps too tight or too loose
- Head is not secured last

SPINAL IMMOBILIZATION (SEATED PATIENT):

- **Critical Criteria:**

- Did not immediately direct or take manual immobilization of the head
- Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- Released or ordered release of manual immobilization before it was maintained mechanically
- Manipulated or moved patient excessively causing potential spinal compromise
- Head immobilized to the device before device sufficiently secured to torso
- Device moves excessively up, down, left, or right on the patient's torso
- Head immobilization allows for excessive movement
- Torso fixation inhibits chest rise, resulting in respiratory compromise
- Upon completion of immobilization, head is not in a neutral, in-line position
- Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

- **Common Problems:**

- Did not have assistant immediately maintain C-spine precautions
- Did not place a cervical collar
- Did not assess CMS before and/or after
- Did not secure the patient's head to the device after the device was secured to the torso
- Secured the patient's head to the device before the torso
- The patient's head, neck and spine was not reasonably in line with the appropriate amount of padding
- Excessive movement
- Straps too tight or too loose
- Did not assess CMS before and/or after

BLEEDING CONTROL/SHOCK MANAGEMENT:

- **Critical Criteria:**

- Did not take or verbalize body substance isolation precautions
- Did not apply high concentration of oxygen
- Did not control hemorrhage using correct procedures in a timely manner
- Did not indicate the need for immediate transportation

- **Common Problems:**

- Correct placement of tourniquet
- Correct positioning of patient
- If no blanket for shock management, candidate can forget prevent heat loss procedure

LONG BONE IMMOBILIZATION:

- **Critical Criteria:**

- Did not immediately stabilize the extremity manually
- Grossly moves the injured extremity
- Did not immobilize the joint above and the joint below the injury site
- Did not immobilize the hand or foot in a position of function

- Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
- Excessive movement
- Did not immobilize above and below injury
- Did not immobilize hand or foot in position of function
- Did not assess CMS before and/or after

JOINT IMMOBILIZATION:

- **Critical Criteria:**
- Did not immediately stabilize the extremity manually
- Grossly moves the injured extremity
- Did not immobilize the bone above and below the injury site
- Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- Failure to manage the patient as a competent EMT
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
- **Common Problems:**
- Excessive movement
- Did not immobilize above and below injury
- Did not immobilize hand in position of function
- Did not assess CMS before and/or after

National Registry

ALS

Skill Sheets



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

PATIENT ASSESSMENT - MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
PRIMARY SURVEY		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point)		
-Assures adequate ventilation (1 point)		
-Initiates appropriate oxygen therapy (1 point)		
Assesses circulation	3	
-Assesses/controls major bleeding (1 point)		
-Assesses skin [either skin color, temperature, or condition] (1 point)		
-Assesses pulse (1 point)		
Identifies priority patients/makes transport decision	1	
HISTORY TAKING AND SECONDARY ASSESSMENT		
History of present illness	8	
-Onset (1 point)		
-Severity (1 point)		
-Provocation (1 point)		
-Time (1 point)		
-Quality (1 point)	2	
-Radiation (1 point)		
-Clarifying questions of associated signs and symptoms as related to OPQRST (2 points)		
Past medical history	5	
-Allergies (1 point)		
-Past pertinent history (1 point)		
-Events leading to present illness (1 point)		
-Medications (1 point)	1	
-Last oral intake (1 point)		
Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment]	5	
-Cardiovascular		
-Neurological		
-Integumentary		
-Pulmonary	1	
-Musculoskeletal		
-GI/GU	1	
-Reproductive		
-Psychological/Social		
Vital signs	5	
-Pulse (1 point)		
-Respiratory rate and quality (1 point each)		
-Blood pressure (1 point)	1	
-AVPU (1 point)		
Diagnostics [must include application of ECG monitor for dyspnea and chest pain]	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
REASSESSMENT		
Repeats primary survey	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
Actual Time Ended: _____		
TOTAL		48

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize body substance isolation precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- ____ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation
- ____ Failure to determine the patient's primary problem
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide for spinal protection when indicated

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

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National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	NOTE: Areas denoted by **** may be integrated within sequence of primary survey	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway			
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)	2	
Breathing			
-Assess breathing (1 point)		4	
-Assures adequate ventilation (1 point)			
-Initiates appropriate oxygen therapy (1 point)			
-Manages any injury which may compromise breathing/ventilation (1 point)			
Circulation			
-Checks pulse (1 point)		4	
-Assess skin [either skin color, temperature, or condition] (1 point)			
-Assesses for and controls major bleeding if present (1 point)			
-Initiates shock management (1 point)			
Identifies priority patients/makes transport decision based upon calculated GCS		1	
HISTORY TAKING			
Obtains, or directs assistant to obtain, baseline vital signs		1	
Attempts to obtain sample history		1	
SECONDARY ASSESSMENT			
Head			
-Inspects mouth**, nose**, and assesses facial area (1 point)		3	
-Inspects and palpates scalp and ears (1 point)			
-Assesses eyes for PERRL** (1 point)			
Neck**			
-Checks position of trachea (1 point)		3	
-Checks jugular veins (1 point)			
-Palpates cervical spine (1 point)			
Chest**			
-Inspects chest (1 point)		3	
-Palpates chest (1 point)			
-Auscultates chest (1 point)			
Abdomen/pelvis**			
-Inspects and palpates abdomen (1 point)		3	
-Assesses pelvis (1 point)			
-Verbalizes assessment of genitalia/perineum as needed (1 point)			
Lower extremities**			
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)		2	
Upper extremities			
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)		2	
Posterior thorax, lumbar, and buttocks**			
-Inspects and palpates posterior thorax (1 point)		2	
-Inspects and palpates lumbar and buttocks area (1 point)			
Manages secondary injuries and wounds appropriately		1	
Reassesses patient		1	
Actual Time Ended: _____	TOTAL	42	

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize body substance isolation precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration of oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Does other detailed history or physical exam before assessing/treating threats to airway, breathing, and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

VENTILATORY MANAGEMENT - ADULT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

NOTE: If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by **** so long as first ventilation is delivered within 30 seconds.

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
Ventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to oxygen regulator (12 – 15 L/minute)	1	
Ventilates patient at a rate of 10 – 12/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for: -Cuff leaks (1 point) -Laryngoscope operational with bulb tight (1 point)	2	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate		
Positions head properly	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
NOTE: Examiner to ask, "If you had proper placement, what should you expect to hear?"		
Secures ET tube (may be verbalized)	1	
NOTE: Examiner now asks candidate, "Please demonstrate one additional method of verifying proper tube placement in this patient."		
Identifies/selects proper equipment	1	
Verbalizes findings and interpretations (checks end-tidal CO ₂ , colorimetric device, EDD recoil, etc.)	1	
NOTE: Examiner now states, "You see secretions in the tube and hear gurgling sounds with the patient's exhalation."		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
Actual Time Ended: _____	TOTAL 27	

CRITICAL CRITERIA

- ____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- ____ Failure to take or verbalize body substance isolation precautions
- ____ Failure to voice and ultimately provide high oxygen concentrations (at least 85%)
- ____ Failure to ventilate patient at a rate of 10 – 12 / minute
- ____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
- ____ Failure to pre-oxygenate patient prior to intubation and suctioning
- ____ Failure to successfully intubate within 3 attempts
- ____ Failure to disconnect syringe immediately after inflating cuff of ET tube
- ____ Uses teeth as a fulcrum
- ____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- ____ If used, stylette extends beyond end of ET tube
- ____ Inserts any adjunct in a manner dangerous to the patient
- ____ Suctions patient excessively
- ____ Does not suction the patient
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

ALTERNATIVE AIRWAY DEVICE (SUPRAGLOTTIC AIRWAY)

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Device: _____

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by *** so long as first ventilation is delivered within 30 seconds.

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute]	1	
Ventilates patient at a rate of 10 – 12/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device [may be verbalized]	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.		
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Secures device in patient [inflates cuffs with proper volumes and immediately removes syringe or secures strap]	1	
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over epigastrium	1	
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
Actual Time Ended: _____	TOTAL	19

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 10 – 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- ___ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- ___ Failure to inflate cuffs properly and immediately remove the syringe
- ___ Failure to secure the strap (if present) prior to cuff inflation
- ___ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PEDIATRIC (<2 yrs.) VENTILATORY MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

NOTE If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "***" so long as first ventilation is delivered within 30 seconds.

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to oxygen regulator [12 – 15 L/minute]	1	
Ventilates patient at a rate of 12 – 20/minute and assures visible chest rise	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks laryngoscope to assure operational with bulb tight	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to intubate		
Places patient in neutral or sniffing position	1	
Inserts blade while displacing tongue	1	
Elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation bilaterally over each lung and over epigastrium	1	
NOTE: Examiner to ask, "If you had proper placement, what should you expect to hear?"		
Secures ET tube [may be verbalized]	1	
Actual Time Ended: _____	TOTAL	17

CRITICAL CRITERIA

- _____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to pad under the torso to allow neutral head position or sniffing position
- _____ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- _____ Failure to ventilate patient at a rate of 12 – 20/minute
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Failure to pre-oxygenate patient prior to intubation
- _____ Failure to successfully intubate within 3 attempts
- _____ Uses gums as a fulcrum
- _____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
- _____ Inserts any adjunct in a manner dangerous to the patient
- _____ Attempts to use any equipment not appropriate for the pediatric patient
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination**

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	1	
Checks carotid pulse [no more than 10 seconds]	1	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

DYNAMIC CARDIOLOGY

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

SET # _____

Level of Testing: ☐ NREMT-Intermediate/99 ☐ NR-Paramedic

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes infection control precautions	1	
Checks patient responsiveness	1	
Checks ABCs [responsive patient] – or – checks breathing and pulse [unresponsive patient]	1	
Initiates CPR if appropriate [verbally]	1	
Attaches ECG monitor in a timely fashion [patches, pads, or paddles]	1	
Correctly interprets initial rhythm	1	
Appropriately manages initial rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets second rhythm	1	
Appropriately manages second rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse and, if appropriate, BP	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	2	
Orders high percentages of supplemental oxygen at proper times	1	
Actual Time Ended: _____	TOTAL 24	

CRITICAL CRITERIA

- _____ Failure to deliver first shock in a timely manner
- _____ Failure to verify rhythm before delivering each shock
- _____ Failure to ensure the safety of self and others [verbalizes "All clear" and observes]
- _____ Inability to deliver DC shock [does not use machine properly]
- _____ Failure to demonstrate acceptable shock sequence
- _____ Failure to order initiation or resumption of CPR when appropriate
- _____ Failure to order correct management of airway [ET when appropriate]
- _____ Failure to order administration of appropriate oxygen at proper time
- _____ Failure to diagnose or treat 2 or more rhythms correctly
- _____ Orders administration of an inappropriate drug or lethal dosage
- _____ Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency
Advanced Level Psychomotor Examination

STATIC CARDIOLOGY

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

SET # _____

Level of Testing: ☐ NREMT-Intermediate/99 ☐ NREMT-Paramedic

Note: No points for treatment may be awarded if the diagnosis is incorrect.
Only document incorrect responses in spaces provided.

Actual Time Started: _____	Possible Points	Points Awarded
STRIP #1		
Diagnosis:	1	
Treatment:	2	
STRIP #2		
Diagnosis:	1	
Treatment:	2	
STRIP #3		
Diagnosis:	1	
Treatment:	2	
STRIP #4		
Diagnosis:	1	
Treatment:	2	
Actual Time Ended: _____	TOTAL 12	

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**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination
ORAL STATION**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started: _____ Possible Points Points Awarded

Scene Management		
Thoroughly assessed and took deliberate actions to control the scene	3	
Assessed the scene, identified potential hazards, did not put anyone in danger	2	
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	

Patient Assessment		
Completed an organized assessment and integrated findings to expand further assessment	3	
Completed primary survey and secondary assessment	2	
Performed an incomplete or disorganized assessment	1	
Did not complete a primary survey	0	

Patient Management		
Managed all aspects of the patient's condition and anticipated further needs	3	
Appropriately managed the patient's presenting condition	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	

Interpersonal relations		
Established rapport and interacted in an organized, therapeutic manner	3	
Interacted and responded appropriately with patient, crew, and bystanders	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, bystanders, and crew	0	

Integration (verbal report, field impression, and transport decision)		
Stated correct field impression and pathophysiological basis, provided succinct and accurate verbal report including social/psychological concerns, and considered alternate transport destinations	3	
Stated correct field impression, provided succinct and accurate verbal report, and appropriately stated transport decision	2	
Stated correct field impression, provided inappropriate verbal report or transport decision	1	
Stated incorrect field impression or did not provide verbal report	0	

Actual Time Ended: _____ TOTAL 15

Critical Criteria

- ____ Failure to appropriately address any of the scenario's "Mandatory Actions"
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination**

INTRAVENOUS THERAPY

Candidate: _____ Examiner: _____
Date: _____ Signature: _____
Level of Testing: ☐ NREMT-Intermediate/85 ☐ NRAEMT ☐ NREMT-Intermediate/99 ☐ NREMT-Paramedic

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture)	1	
Takes or verbalizes body substance isolation precautions (prior to venipuncture)	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter (tapes securely or verbalizes)	1	
Adjusts flow rate as appropriate	1	
Actual Time Ended: _____	TOTAL 22	

NOTE: Check here ☐ if candidate did not establish a patent IV within 3 attempts in 6 minutes. Do not evaluate the candidate in IV Bolus Medications.

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IV within 6 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions prior to performing venipuncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- ___ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- ___ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

INTRAVENOUS BOLUS MEDICATIONS

Actual Time Started: _____	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of medication	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues to take or verbalize body substance isolation precautions	1	
Identifies and cleanses injection site closest to the patient (Y-port or hub)	1	
Reaffirms medication	1	
Stops IV flow	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Turns IV on and adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect and adverse side effects	1	
Actual Time Ended: _____	TOTAL 12	

Critical Criteria

- ___ Failure to continue to take or verbalize appropriate body substance isolation precautions
- ___ Failure to begin administration of medication within 3 minute time limit
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Failure to adequately dispel air resulting in potential for air embolism
- ___ Injects improper medication or dosage (wrong medication, incorrect amount, or pushes at inappropriate rate)
- ___ Failure to turn-on IV after injecting medication
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and other material in proper container
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes appropriate body substance isolation precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and "cupping" leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle [aspiration is not required for any of these as many IO sticks are "dry" sticks]	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing [tapes securely or verbalizes]	1	
Actual Time Ended: _____	TOTAL 24	

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IO line within 6 minute time limit
- ___ Failure to take or verbalize appropriate body substance isolation precautions prior to performing IO puncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- ___ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- ___ Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- ___ Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



**National Registry of Emergency Medical Technicians
Advanced Emergency Medical Technician Psychomotor Examination**

PEDIATRIC RESPIRATORY COMPROMISE

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates SpO ₂ reading	1	
<i>NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82%."</i>		
Selects proper delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	
Obtains baseline vital signs	1	
<i>NOTE: Examiner now advises candidate that patient begins to develop decreasing SpO₂, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)</i>		
Places patient supine and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway]	1	
<i>NOTE: Examiner now informs candidate no gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute.</i>		
Inserts airway adjunct properly and positions head and neck for ventilation	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 20/minute and with sufficient volume to cause visible chest rise	1	
Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness	1	
<i>NOTE: The examiner must now ask the candidate, "How would you know if you are ventilating the patient properly?"</i>		
Calls for immediate transport of patient	1	
Actual Time Ended: _____	TOTAL	20

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 20/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to recognize and treat respiratory failure in a timely manner
- ___ Insertion or use of any airway adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL 14	

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time End: _____	TOTAL 12	

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to torso
- _____ Device moves excessively up, down, left, or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Level Practical Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Time Start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Time End: _____	TOTAL	7

CRITICAL CRITERIA

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not apply high concentration of oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not immobilize the hand or foot in a position of function
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians
Advanced Level Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
<i>NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."</i>		
Actual Time Ended: _____	TOTAL 9	

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the bone above and below the injury site
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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